



Dart Aerospace Ltd.  
1270 Aberdeen St  
Hawkesbury, ON  
K6A 1K7  
Canada

Tel (613) 632-5200  
Fax 613 632-5246

RBE105-31762W1-3  
Job Sheet 185237



Part No: RBE105-31762W1-3

Job Qty: 5 ea

Part Name: Plunger



Part Weight: 0 lbs

Status: New

Priority: Medium

Job Created: 10/24/18

Job Tracking No:

Due Date: 11/9/18

Created By: Marie Lajeunesse

Type: SOLD

Description:

Note: DWG RBE105-31762W1 Rev.1 IPP Rev. A 18.10.19 New issue DP Verify DD

Ship Via:

### Bill of Materials

### Job Routing

| Op No | Operation          | Qty   | Start Date | Due Date | Standard  |         | Workcenter/Supplier   |           | Sign-off |
|-------|--------------------|-------|------------|----------|-----------|---------|-----------------------|-----------|----------|
|       |                    |       |            |          | Setup Hrs | Run Hrs | Workcenter / Supplier | Lead Time |          |
| 90    | Start up Operation | 5 Ea  | 11/9/18    | 11/9/18  | 0.00      | 0.00    | Start Up Machining-3  |           |          |
| 110   | Lathe Conv         | 5 pcs | 11/9/18    | 11/9/18  | 0.00      | 5.00    | Lathe Conv-2          |           |          |
| 120   | QC                 | 5 pcs | 11/9/18    | 11/9/18  | 0.00      | 0.00    | QC2 Machining-4       |           |          |
| 130   | QC                 | 5 pcs | 11/9/18    | 11/9/18  | 0.00      | 0.00    | QC8 Machining-4       |           |          |
| 150   | Outsource          | 5 pcs | 11/9/18    | 11/9/18  | 0.00      | 0.00    | Outsource4            |           |          |
| 160   | Packaging          | 5 pcs | 11/9/18    | 11/9/18  | 0.00      | 0.00    | Packaging2            |           |          |
| 170   | QC                 | 5 pcs | 11/9/18    | 11/9/18  | 0.00      | 0.00    | QC6                   |           |          |
| 180   | Packaging          | 5 pcs | 11/9/18    | 11/9/18  | 0.00      | 0.00    | Packaging3-1          |           |          |
| 190   | QC21-SA            | 5 Ea  | 11/9/18    | 11/9/18  | 0.00      | 0.00    | QC21                  |           |          |

Part Op 110 - 1-Machine as per DWG. 2-Debur  
Descriptions: 130 -

150 - -Issue P/O to GROUPE ALTECH; PO 041694 -ANODIZE COLOR CLEAR, PER IAW MIL-A-8625F TYPE 2  
CLASS 1, Water sealant -Material type; 6061 -Certificate of Conformity is required

### Job BOM

| Part / Item   | Component Name          | Quantity            | Operation             | Container |
|---------------|-------------------------|---------------------|-----------------------|-----------|
| M6061T6R1.250 | 6061-T6 Round Bar 1.250 | 2.1200 ft (.424 ea) | 90-Start up Operation | 5086043   |

### Job Allocations

| Operation             | Component Part | Required | Inventory | Allocated |
|-----------------------|----------------|----------|-----------|-----------|
| 90-Start up Operation | M6061T6R1.250  | 2        | 36        | 0         |

### Part Specifications



Container No: S125039



Part: RBE105-31762W1-3

Job No: 185237

Serial No/Batch: S125039

Revision: 1

Inspector:

Exp Date:

Instructions:

Dart Aerospace Ltd.  
1270 Aberdeen Street  
Hawkesbury, ON K6A 1K7  
CANADA  
TEL.: 1 613 632-5200  
Email: sales@dartaero.com  
www.dartaerospace.com

ould not be found.

Plex 10/24/18 9:29 AM Dart.lajeunesse.marie

Date: 11/06/18



DQA: \_\_\_\_\_ Date: \_\_\_\_\_



## WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order update only ☐

|                                                              |                                                |                                                                                                                                                                                    |                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                               |  |                       |                                              |  |                                    |                                     |                                    |                                      |                                    |                                    |                                            |                                  |                                        |                                    |                                              |                                |                                    |                                    |                                   |  |
|--------------------------------------------------------------|------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|--|-----------------------|----------------------------------------------|--|------------------------------------|-------------------------------------|------------------------------------|--------------------------------------|------------------------------------|------------------------------------|--------------------------------------------|----------------------------------|----------------------------------------|------------------------------------|----------------------------------------------|--------------------------------|------------------------------------|------------------------------------|-----------------------------------|--|
| Work Order: _____<br><br>Part No. _____<br><br>NCR No. _____ |                                                | <b>DISPOSITION</b><br><br>Rework <input type="checkbox"/><br>Scrap <input type="checkbox"/><br>Use-as-is <input type="checkbox"/><br>Suspected Unapproved <input type="checkbox"/> |                                                            | <b>AGAINST DEPARTMENT/PROCESS</b><br><br><table style="width: 100%; border: none;"> <tr> <td style="width: 15%;">Skid-tube <input type="checkbox"/></td> <td style="width: 15%;">Cross tube <input type="checkbox"/></td> <td style="width: 15%;">Water Jet <input type="checkbox"/></td> <td style="width: 15%;">Engineering <input type="checkbox"/></td> </tr> <tr> <td>Machining <input type="checkbox"/></td> <td>Small Fab <input type="checkbox"/></td> <td>Prod. Eng. Coord. <input type="checkbox"/></td> <td>Quality <input type="checkbox"/></td> </tr> <tr> <td>Thermoforming <input type="checkbox"/></td> <td>Finishing <input type="checkbox"/></td> <td>Rec/Store/Packaging <input type="checkbox"/></td> <td>Other <input type="checkbox"/></td> </tr> <tr> <td>Large Fab <input type="checkbox"/></td> <td>Composite <input type="checkbox"/></td> <td>Supplier <input type="checkbox"/></td> <td></td> </tr> </table> |                                               |  |                       |                                              |  | Skid-tube <input type="checkbox"/> | Cross tube <input type="checkbox"/> | Water Jet <input type="checkbox"/> | Engineering <input type="checkbox"/> | Machining <input type="checkbox"/> | Small Fab <input type="checkbox"/> | Prod. Eng. Coord. <input type="checkbox"/> | Quality <input type="checkbox"/> | Thermoforming <input type="checkbox"/> | Finishing <input type="checkbox"/> | Rec/Store/Packaging <input type="checkbox"/> | Other <input type="checkbox"/> | Large Fab <input type="checkbox"/> | Composite <input type="checkbox"/> | Supplier <input type="checkbox"/> |  |
| Skid-tube <input type="checkbox"/>                           | Cross tube <input type="checkbox"/>            | Water Jet <input type="checkbox"/>                                                                                                                                                 | Engineering <input type="checkbox"/>                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                               |  |                       |                                              |  |                                    |                                     |                                    |                                      |                                    |                                    |                                            |                                  |                                        |                                    |                                              |                                |                                    |                                    |                                   |  |
| Machining <input type="checkbox"/>                           | Small Fab <input type="checkbox"/>             | Prod. Eng. Coord. <input type="checkbox"/>                                                                                                                                         | Quality <input type="checkbox"/>                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                               |  |                       |                                              |  |                                    |                                     |                                    |                                      |                                    |                                    |                                            |                                  |                                        |                                    |                                              |                                |                                    |                                    |                                   |  |
| Thermoforming <input type="checkbox"/>                       | Finishing <input type="checkbox"/>             | Rec/Store/Packaging <input type="checkbox"/>                                                                                                                                       | Other <input type="checkbox"/>                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                               |  |                       |                                              |  |                                    |                                     |                                    |                                      |                                    |                                    |                                            |                                  |                                        |                                    |                                              |                                |                                    |                                    |                                   |  |
| Large Fab <input type="checkbox"/>                           | Composite <input type="checkbox"/>             | Supplier <input type="checkbox"/>                                                                                                                                                  |                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                               |  |                       |                                              |  |                                    |                                     |                                    |                                      |                                    |                                    |                                            |                                  |                                        |                                    |                                              |                                |                                    |                                    |                                   |  |
| Date :                                                       |                                                | Step #:                                                                                                                                                                            |                                                            | QTY Effective :                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                               |  | MRB (QSI042) Approval |                                              |  |                                    |                                     |                                    |                                      |                                    |                                    |                                            |                                  |                                        |                                    |                                              |                                |                                    |                                    |                                   |  |
| Description Work Order Deviation                             |                                                |                                                                                                                                                                                    |                                                            | Disposition                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                               |  |                       | Completed By                                 |  |                                    |                                     |                                    |                                      |                                    |                                    |                                            |                                  |                                        |                                    |                                              |                                |                                    |                                    |                                   |  |
|                                                              |                                                |                                                                                                                                                                                    |                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                               |  |                       | Lead hand / Supervisor Approval Verification |  |                                    |                                     |                                    |                                      |                                    |                                    |                                            |                                  |                                        |                                    |                                              |                                |                                    |                                    |                                   |  |
|                                                              |                                                |                                                                                                                                                                                    |                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                               |  |                       |                                              |  |                                    |                                     |                                    |                                      |                                    |                                    |                                            |                                  |                                        |                                    |                                              |                                |                                    |                                    |                                   |  |
|                                                              |                                                |                                                                                                                                                                                    |                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                               |  |                       |                                              |  | QC / QA Coordinator Approval       |                                     |                                    |                                      |                                    |                                    |                                            |                                  |                                        |                                    |                                              |                                |                                    |                                    |                                   |  |
| Root Cause                                                   |                                                | FAULT CATEGORY                                                                                                                                                                     |                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                               |  |                       |                                              |  |                                    |                                     |                                    |                                      |                                    |                                    |                                            |                                  |                                        |                                    |                                              |                                |                                    |                                    |                                   |  |
| Environment <input type="checkbox"/>                         | No Re-verification <input type="checkbox"/>    | Pressure/Forced <input type="checkbox"/>                                                                                                                                           | Temperature/Cure <input type="checkbox"/>                  | Power Loss/Surge <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Positioned Wrong <input type="checkbox"/>     |  |                       |                                              |  |                                    |                                     |                                    |                                      |                                    |                                    |                                            |                                  |                                        |                                    |                                              |                                |                                    |                                    |                                   |  |
| Design <input type="checkbox"/>                              | Operator <input type="checkbox"/>              | Bending <input type="checkbox"/>                                                                                                                                                   | Set-up <input type="checkbox"/>                            | Folio/Program <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Outside Dimensions <input type="checkbox"/>   |  |                       |                                              |  |                                    |                                     |                                    |                                      |                                    |                                    |                                            |                                  |                                        |                                    |                                              |                                |                                    |                                    |                                   |  |
| Doc/Data <input type="checkbox"/>                            | Offset/Setup <input type="checkbox"/>          | Centre Not Concentric <input type="checkbox"/>                                                                                                                                     | BOM/Route <input type="checkbox"/>                         | Grain <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Over/Under tolerance <input type="checkbox"/> |  |                       |                                              |  |                                    |                                     |                                    |                                      |                                    |                                    |                                            |                                  |                                        |                                    |                                              |                                |                                    |                                    |                                   |  |
| Equip/Tooling <input type="checkbox"/>                       | Supplier <input type="checkbox"/>              | Cracks <input type="checkbox"/>                                                                                                                                                    | Broken/Damage/Defect <input type="checkbox"/>              | Weld <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Part Incorrect <input type="checkbox"/>       |  |                       |                                              |  |                                    |                                     |                                    |                                      |                                    |                                    |                                            |                                  |                                        |                                    |                                              |                                |                                    |                                    |                                   |  |
| Handling/Pre <input type="checkbox"/>                        | Training <input type="checkbox"/>              | Crimp/Kink/Ripple/Wave <input type="checkbox"/>                                                                                                                                    | Inspection Incomplete/Unqualified <input type="checkbox"/> | Wrong Stock Pulled <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Part Lost/Missing <input type="checkbox"/>    |  |                       |                                              |  |                                    |                                     |                                    |                                      |                                    |                                    |                                            |                                  |                                        |                                    |                                              |                                |                                    |                                    |                                   |  |
| Material <input type="checkbox"/>                            | Use for Testing <input type="checkbox"/>       | Cuffs <input type="checkbox"/>                                                                                                                                                     | Contamination <input type="checkbox"/>                     | Out of Sequence <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Part Moved <input type="checkbox"/>           |  |                       |                                              |  |                                    |                                     |                                    |                                      |                                    |                                    |                                            |                                  |                                        |                                    |                                              |                                |                                    |                                    |                                   |  |
| Internal Transport <input type="checkbox"/>                  | Poor Information <input type="checkbox"/>      | Crushing <input type="checkbox"/>                                                                                                                                                  | Countersink <input type="checkbox"/>                       | Off-set <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Drawing <input type="checkbox"/>              |  |                       |                                              |  |                                    |                                     |                                    |                                      |                                    |                                    |                                            |                                  |                                        |                                    |                                              |                                |                                    |                                    |                                   |  |
| Tribal Knowledge <input type="checkbox"/>                    | Rushing <input type="checkbox"/>               | Heat Treat <input type="checkbox"/>                                                                                                                                                | Cut Too Short <input type="checkbox"/>                     | Mislabeled <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Finish <input type="checkbox"/>               |  |                       |                                              |  |                                    |                                     |                                    |                                      |                                    |                                    |                                            |                                  |                                        |                                    |                                              |                                |                                    |                                    |                                   |  |
| LOA <input type="checkbox"/>                                 | Product Improvement <input type="checkbox"/>   | Wave/Twist in Tube <input type="checkbox"/>                                                                                                                                        | Instructions Incomplete/Unclear <input type="checkbox"/>   | Fit/Function <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Misread <input type="checkbox"/>              |  |                       |                                              |  |                                    |                                     |                                    |                                      |                                    |                                    |                                            |                                  |                                        |                                    |                                              |                                |                                    |                                    |                                   |  |
| Substation <input type="checkbox"/>                          | Process Improvement <input type="checkbox"/>   | Marks/Chatter <input type="checkbox"/>                                                                                                                                             | Drill Holes <input type="checkbox"/>                       | Misaligned/off center <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Turning Sequence <input type="checkbox"/>     |  |                       |                                              |  |                                    |                                     |                                    |                                      |                                    |                                    |                                            |                                  |                                        |                                    |                                              |                                |                                    |                                    |                                   |  |
| Past Expiry Date <input type="checkbox"/>                    | Manufacturing Process <input type="checkbox"/> | OTHER :                                                                                                                                                                            |                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                               |  |                       |                                              |  |                                    |                                     |                                    |                                      |                                    |                                    |                                            |                                  |                                        |                                    |                                              |                                |                                    |                                    |                                   |  |
| Misidentified <input type="checkbox"/>                       | Past Due <input type="checkbox"/>              |                                                                                                                                                                                    |                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                               |  |                       |                                              |  |                                    |                                     |                                    |                                      |                                    |                                    |                                            |                                  |                                        |                                    |                                              |                                |                                    |                                    |                                   |  |



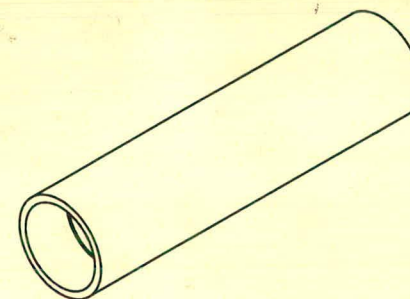




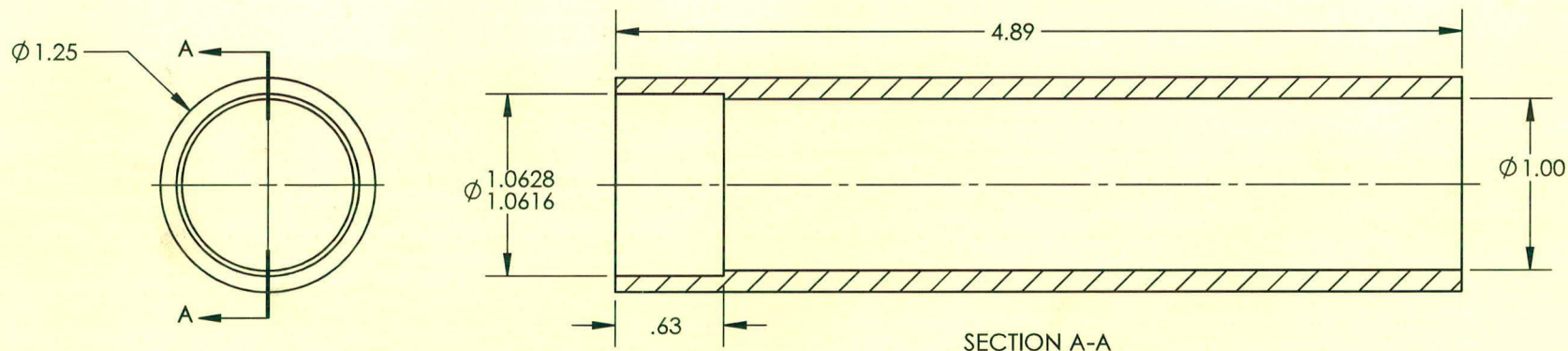
This drawing, specifications, and concepts contained here in are the sole property of Dart Aerospace, and may not be reproduced or used in any fashion without the prior written permission of Dart Aerospace Eugene, OR.

| REV |  |  | ECR |  | REVISIONS |  | DESCRIPTION |  | DATE | INITIAL | APPROVED |
|-----|--|--|-----|--|-----------|--|-------------|--|------|---------|----------|
|     |  |  |     |  |           |  |             |  |      |         |          |

SHOP COPY  
RETURN TO  
ENGINEERING  
UNCONTROLLED COPY  
SUBJECT TO AMENDMENT  
WITHOUT NOTICE  
WORK ORDER  
NO. 185257mc  
187024



x5



SECTION A-A

(-3)

PLUNGER

|                                    |                                                        |
|------------------------------------|--------------------------------------------------------|
| <b>DART<br/>AEROSPACE</b>          |                                                        |
| TITLE<br><b>PUSHING-OUT DEVICE</b> |                                                        |
| DWG NO.<br><b>RBE105-31762W1-3</b> | REV<br><b>1</b>                                        |
| MAT'L 6061                         | UNLESS OTHERWISE SPECIFIED<br>DIMENSIONS ARE IN INCHES |
| HEAT TREAT                         | .XXX ± .005 FRACTIONS ± 1/8                            |
| FINISH CLEAR ANODIZE               | .XX ± .01 ANGLES ± 5°                                  |
|                                    | .X ± .1 SURFACES = 125                                 |
| SPEC MIL-A-8625, TYPE II, CLASS I  | 1. BREAK ALL SHARP EDGES<br>.015 x 45° OR .015R        |
| DRAWN BY: DUERFELDT                | 2. DIMENSIONAL LIMITS APPLY<br>AFTER PLATING           |
| CHECKED: CLOUGH                    | 3. INTERPRET DIM AND TOL PER<br>ASME Y14.5M-2009       |
| OPPS APPR: ANDERSON                |                                                        |
| QA APPR: LINDSAY                   | USED ON MODEL                                          |
| APPROVED: GILBERT                  | EC145                                                  |
| SCALE 1:1                          | DATE 12/29/2015                                        |
| SHEET 3 OF 7                       |                                                        |







Dart Aerospace Ltd.  
1270 Aberdeen St  
Hawkesbury, ON  
K6A 1K7  
Canada

Tel (613) 632-5200

# **PURCHASE ORDER** **PO041694**

**Supplier:** GRO002-VC  
Group Altech  
2455 Halpern  
St Laurent  
QC  
H4S 1N9 Canada  
Phone: 514-335-3666  
Fax: 514-335-3868

**PO No:** PO041694  
**PO Date:** 11/12/18  
**Due Date:** 12/3/18  
**Purchase Order**  
**Revision:**  
**Revision Date:**  
**Ship-To Contact:** Tsimiklis, ChrisoulaPhone:

**Ship To:** 1270 Aberdeen Street  
Hawkesbury  
ON  
K6A 1K7 Canada  
Phone: 613-632-5200

**Via:** Ground  
**Pymt Terms:** Net 60  
**Freight Terms:**  
**Special Comments:**

## **Items**

| Line Item           | Job    | Part             | Description                                                                                                                                                                                | Status | Account | Due Date | Order Quantity | Received Quantity | Balance | Unit Price (CAD) | Extended Price  |
|---------------------|--------|------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|---------|----------|----------------|-------------------|---------|------------------|-----------------|
| 1                   | 185237 | RBE105-31762W1-3 | Plunger<br>-Issue P/O to GROUPE ALTECH;<br>PO<br>-ANODIZE COLOR CLEAR, PER IAW MIL-A-8625F TYPE 2 CLASS 1, Water sealant<br>-Material type; 6061<br>-Certificate of Conformity is required | Firmed | -       | 12/3/18  | 5 pcs          | 0 pcs             | 5 pcs   | \$12.00/pcs      | \$60.00         |
| 2                   | 185235 | RBE105-31762W1-1 | Support<br>-Issue P/O to GROUPE ALTECH;<br>PO<br>-ANODIZE COLOR CLEAR, PER IAW MIL-A-8625F TYPE 2 CLASS 1, Water sealant<br>-Material type; 6061<br>-Certificate of Conformity is required | Firmed | -       | 12/3/18  | 5 pcs          | 0 pcs             | 5 pcs   | \$12.00/pcs      | \$60.00         |
| <b>Grand Total:</b> |        |                  |                                                                                                                                                                                            |        |         |          |                |                   |         |                  | <b>\$120.00</b> |

DAS  
38  
9-89

240  
25  
26





Dart Aerospace Ltd.  
1270 Aberdeen St  
Hawkesbury, ON  
K6A 1K7  
Canada

Tel (613) 632-5200

## PURCHASE ORDER PO041694

### Order Notes

#### Procurement Quality Clauses

A005 right of entry  
A012 chemical and physical test report  
A016 personnel qualification  
A017 raw material identification (as applicable)

A022 Apical Processing  
A024 process certifications  
A026 certification of material conformance

A041 quality management system  
A042 dart notification by supplier  
A043 retention of quality documents

A048 counterfeit parts avoidance, detection, mitigation and disposition program

A049 supplier awareness

Terms & Condition of Purchasing(Suppliers) and Procurement Quality Clauses are an integral part of our AS9100 requirements. To learn in detail, please visit [www.dartaerospace.com](http://www.dartaerospace.com) for further explanation.

Plex 11/13/18 8:42 AM dart.tsimiklis.chrisoula







# Certificat de Conformité / Certificate of Compliance

(014351-1)

2455, Rue Halpern | Saint-Laurent | Québec | H4S 1N9  
 Tel: 514-335-3666 Fax: 514-335-3868  
 www.groupaltech.com

## Bon de Livraison / Packing Slip

**014351 - 1**

Livré à / Ship to

**DART AEROSPACE LTD**  
 1270 ABERDEEN STREET  
 HAWKESBURY, ON, K6A1K7  
 CANADA  
 Tel.: 613-632-5200 Fax.:

Client / Customer:

**DART AEROSPACE LTD**  
 1270 ABERDEEN STREET  
 HAWKESBURY, ON, K6A1K7  
 CANADA  
 BUYER:

|                              |                                                                           |                                                                                 |                                                |                   |                                                       |                                             |   |               |                        |
|------------------------------|---------------------------------------------------------------------------|---------------------------------------------------------------------------------|------------------------------------------------|-------------------|-------------------------------------------------------|---------------------------------------------|---|---------------|------------------------|
| Date expédition<br>Ship date |                                                                           | Créé Par<br>Generated By                                                        | Transport / No de Compte<br>Courier / Acc. No. |                   | Bon de commande Client<br>Customer Purchase Order No. |                                             |   |               |                        |
| 19-Nov-2018                  |                                                                           | Aman                                                                            |                                                |                   | 041694 ✓                                              |                                             |   |               |                        |
| #Ligne<br>Line#              | No. de Série / # Pièce<br>Part Number /Line Item Details<br>Job # / Ref # | Description pièce(s)                                                            | CATG.<br>U/M                                   | Comm.<br>/Ordered | Exp/<br>Shipped                                       | Quantités / Quantities<br>Qté NC/<br>NC Qty |   | Qté<br>Scrap/ | À venir/<br>Back Order |
| 1                            | RBE105-31762W1-3 ✓<br>Rev.                                                | RBE105-31762W1-3<br>01 -ANO-CLEAR [ANODIZE CLEAR]<br>MIL-A-8625F TYPE 2 CLASS 1 | ANODIZE<br><br>CH                              | 5                 | 5 ✓                                                   | 0                                           | 0 | 0             | 0                      |
| 2                            | RBE105-31762W1-1 ✓<br>Rev.                                                | RBE105-31762W1-1<br>01 -ANO-CLEAR [ANODIZE CLEAR]<br>MIL-A-8625F TYPE 2 CLASS 1 | ANODIZE<br><br>CH                              | 5                 | 5 ✓                                                   | 0                                           | 0 | 0             | 0                      |

Notes Additionnelles / Additional Notes

Épaisseur réelle  
Actual Thickness

Inspecteur Qualité  
Quality Inspector

Réçu par  
Received By

Nous certifions que les pièces énumérées ci-dessus ont été traitées en conformité avec votre commande et vos spécifications et rencontrent les exigences.  
 Notre responsabilité financière et légale ne sera pas supérieure au montant de la facture issue.

We hereby certify that the parts listed above have been process in accordance with your purchase order and specifications and are in conformance with your requirements.  
 Our financial and legal responsibility will not be higher than the amount of invoice.

